FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)						
Abair, Rebecca, Gail, Ms., PH	D / Abair, Rebecca, G	Sail, Ms., PHD				
(b) Address (number and street) 109 Moyna Drive				2. Candidate's FEC Identification Number P40009169		
(c) City, State, and ZIP Code					Amended	
Hendersonville	TN 37075			Statement (N) OR	(A)	
4. Party Affiliation	5. Office Sought		6. State & Distr	ict of Candidate		
REPUBLICAN PARTY	Presidential			00		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
NOTE: This designation should be	iled with the appropria	te office listed in t	he instructions.			
(a) Name of Committee (in full)						
Rebecca Gail Abair	Law Office					
(b) Address (number and street) 109 Moyna Drive						
(c) City, State, and ZIP Code						
Hendersonville			TN	37075		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my						
candidacy. NOTE: This designation should be to	iled with the principal o	campaign commit				
NOTE: This designation should be t	ned with the principal c	oampaign commit				
(a) Name of Committee (in full)						
(b) Address (number and street)						
(c) City, State, and ZIP Code						
I certify that I have exa	mined this Statement	and to the best of	my knowledge ar	nd belief it is true, correct and complete.		
Signature of Candidate				Date		
Abair, Rebecca, Gail, Ms., PHD		[Elec	tronically Filed]	10/10/2022		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
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FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2N Transaction ID:

2024 Special Election.

Form/Schedule: Transaction ID: